

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor Matthew J. Frank, Secretary 101 S. Webster St.
Box 7921
Madison, Wisconsin 53707-7921
Telephone 608-266-2621
FAX 608-267-3579
TTY Access via relay - 711

Date:

APR - 2 2009

Ron Coutts, President Village of Caledonia 6922 Nicholson Road Caledonia, WI 53108

Dear Sir:

SUBJECT: MISSING FINAL REPORT -- Urban Nonpoint Source [Pollution] and Storm Water Management (UNPS&SW)-Planning Grant Number USP-SE03-52004-06 For the [former] Town of Caledonia Public Education Plan

The Department issued you a grant under the UNPS&SW- Planning program with project start date of January 1, 2006 and end date of December 31, 2007. The agreement for that grant required you to submit a Final Report detailing the status and accomplishments of task that are part of this Planning project. To date, the Department has not received a Final Report for this project.

As it has been more than one (1) year since the end of your project, you have two (2) options:

- 1- Prepare the Final Report using DNR Form 3400-189. This report form can be found on the DNR's web site at http://dnr.wi.gov/runoff/financial.htm. Return the completed Form 3400-189 within 30 days of the date of this letter.
- 2- Complete and return the attached surveys within 30 days of the date of this letter.

If you have any questions regarding your grant contract or grant funds, please contact the regional NPS Coordinator at the telephone number listed below, or Kathleen Thompson, Runoff Management Grant Coordinator, at (608) 267-7568 or <u>Kathleen.Thompson@Wisconsin.gov.</u>

Sincerely,

Gordon R. Stevenson, P. E., Chief Runoff Management Section

Bureau of Watershed Management

Mary Rose Teves, Chief

Grants Section

Bureau of Community Financial Assistance

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BUREAU OF WATERSHED MGNI

cc: Karie Torkilsen, Clerk, Village of Caledonia

Tim Parsons, CF/2

Peter Wood, SER Region, telephone number (262) 884-2360

Boonestroo & Associates, 12075 N. Corporate Pkwy., Suite 200, Mequon, WI 53092

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REPLACEMENT FOR URBAN STORM WATER-PLANNING FINAL REPORT

<u>SURVEY INSTRUCTIONS</u>: For each of the questions below, check the appropriate box(es), fill appropriate blanks, have your Authorized Representative sign and date, and submit to the following DNR staff within 30 days of the date of this letter:

Kathleen Thompson, WT/3 Wisconsin Department of Natural Resources P. O. Box 7921 Madison, WI 53707-7921	
1. Yes No No NA	A Stormwater Management Plan was prepared as part of this grant.
2. Yes No NA NA	A Stormwater Management Plan was adopted by the grantee's governing body.
3. Date Stormwater Manage	ement Plan adopted by governing body: October 2006
4. Yes \(\sum \) No \(\sum \) NA	A Stormwater Management Utility was developed as part of this grant.
5. Yes No NA	A Stormwater Management Utility was adopted by the grantee's governing body.
6. Date Stormwater Management Utility adopted by governing body:	
7. Yes No NA NA	A Stormwater Management Information and Education Plan was prepared as part of this grant.
8. Yes No NA NA	A Stormwater Management Information and Education Plan was adopted by the grantee's governing body
9. Date Stormwater Manage	ment Information and Education Plan adopted by governing body:
Print Name of Authorizing Representative Anthony Bunkelman	
Signature of Authorizing Representative Authory Bunkelum	
Date Signed	4/21/04